

50-MAC-RNR  
RETYPE FROM ORIGINAL

State of Minnesota

Department of Social Security

Division of Public Institutions

Globe building-4th and Cedar

St. Paul 1  
403 Physicians & Surgeons Bldg.  
Minneapolis 2, Minnesota  
September 27, 1950

Miss Mildred Thomson, Head  
Bureau for Mentally Deficient and Epileptic  
Division of Public Institutions  
410 Globe Building-4<sup>th</sup> and Cedar  
Saint Paul 1, Minnesota

Dear Miss Thompson:

Thank you for your very comprehensive letter of September 25 reviewing the essentials of our recent meeting with Doctor Engberg. Prior to answering some of your questions, we will attempt to briefly discuss the views of our office pertaining to important issues at hand. It would perhaps be best to group them under four main headings mainly:

- A) Immediate and acute problems in the field of mental deficiency.
- B) Emergency steps to be taken regarding the long waiting list.
- C) Projected and long-range views including construction.
- D) The need of a change of philosophy in regard to the mentally retarded person with special emphasis on public education, research, and training.

A—There is no need in recapitulating the immediate need for more buildings to house a long waiting list of some eight hundred individuals, a large number of whom are children and infants, who through no fault of their own cannot be kept in their home environment because of symptoms that they present, which either necessitate continuous supervision or which reflects itself upon other member of the family.

The Governor's office, our office, your office and various members of the legislature, judges, and doctors receive frequent letters relating to emergencies as a result of acute housing shortages for these afflicted individuals. The governor and certain member of the legislature have certainly done their share in bringing to the fore the need for new construction and additional personnel. There is also an acute shortage of foster homes to

house these unfortunate people and consequently, the sum total of what your office has been able to do is to add another name to the list and carefully explain to the relatives that we realize their immediate situation but can do nothing more about it until more living facilities are available. Actually, the interpretation of the relative who is already in black despair is that the state offices represent more red tape and often it reveals itself in a misunderstanding attitude about the whole situation in general.

The relatives are partially justified in doing this. We are forced to take a more positive attitude in regard to the dire emergencies which exist. Let us begin with one child who is, let us say, two years of age, has a brother of eight or nine, and an affectionate father and mother.

The parents have been told the child will never be normal and will have to leave the home to live in an institution. However, because of the long waiting list, the parents are not told when this will happen. The mother feels that she must tell the older brother that his little brother has to be taken from them to live in another place. The older brother cannot understand this because he notices that the neighbor children's little brothers can remain at home. Peculiar mental mechanisms that play in a child's mind become apparent. Many questions are asked the already distraught parents by the older child which they cannot answer such as: "Why is my brother like he is?" "How come he is the only one in the block like that?" "Would he get better if he were allowed to play with the other children?"

The older child may become nervous, and a change in his behavior may be noticed at school. The father, who may like the afflicted one as a father should, becomes depressed when he thinks of the separation. He may not be able to eat. He will become irritable and he loses weight. The mother watches her whole family become disrupted and she also becomes irritable and depressed, and this particular home comes to the verge of disruption.

Actually, the above described home situation is much more common than uncommon. In addition, the afflicted one may have marked attacks of becoming emotionally disturbed and this, added to the already serious home situation and to the nervous apprehension existing in the parents, precipitates a very acute situation. There is a certain amount of stigma attached to families where there is a child who is mentally retarded as a result of a misunderstanding society, and this reflects itself in feelings of guilt in the parents. Therefore, the answer to this over-all family problem is obviously good psychiatric interpretation, psychiatric directive, and treatment as soon as possible.

B—Emergency steps to be taken. What can we do now? The following can and is being done: 1) Eighty more beds will be provided at Faribault after transfer of certain cases who are in the adult age and who are emotionally disturbed and psychotic, in addition to their mental deficiency. These cases should be transferred to state hospitals where there are immediate facilities for treatment for their superimposed emotional disturbances or psychiatric condition. 2) There is a center being established for emotionally disturbed children at Hastings. Part of this facility will house those children now at Faribault and

Owatonna who are emotionally disturbed in addition to their being mentally retarded. One emotionally disturbed child in a classroom at Faribault can cause much disruption to a current educational project. These children should be treated, and when they recover, of course, sent back to their original facility. 3) Facilities will be provided at Hastings to care for these children on a temporary basis who need treatment for their emotional disturbances, and who can be cared for at home when they recover. 4) More pediatric beds should be provided to replace the eighty beds at Faribault, and it may be that pediatric beds will have to be provided at Hastings for a small number of children as an emergency. 5) Outpatient clinics are now available in Saint Paul and Minneapolis where the parents can be seen by adult psychiatrists and emotionally disturbed, mentally retarded children can be seen by the child psychiatrists. There will be available at least four psychiatrists who will be able to see children and their parents in Minneapolis or Saint Paul, two cities in the northern part of the state, and two cities in the southern part of the state. Relatives can find out about these facilities by calling your office or our office in regard to the setting up of appointments.

A great deal can be done through psychotherapy for the parents and children's general reassurance. A more careful understanding of the current situation in each family, often where arrangements can be made to temporarily remove the child from the home so that a depressed or irate father or mother can get a rest and receive psychotherapy - as a matter of fact, most children that are mentally deficient have to be removed from the home not wholly as a result of their mental deficiency but as a result of a superimposed emotional disturbance or as a result of this emotional disturbance's reflecting itself on other members of the family so that they in turn show symptoms which appear to be progressive and can often cause disharmony and much difficulty in the home.

More social workers should be made available so that a more careful follow up of patients who have been at Faribault can be had so that they may not have to be readmitted, and also an attempt should be made to place as many people outside of Faribault as possible in the immediate future even though this means that additional employees will have to be hired to do the work that they have been doing at the institution. The employees can find a place to live downtown and will add no problem to the crowded situation, and each time that a person that is living at the Faribault institution leaves the hospital for placement, this leaves another bed.

C—Of course, the most important long-range problem is new construction. It is our feeling that there should be a facility of five-hundred beds in the northern part of the state; but more important that a modern facility of 750 beds be provided in conjunction with a diagnostic center, educational center, and a 100-bed center for the emotionally disturbed child, and that this facility be located somewhere within three or four miles from the Twin Cities and equidistant from Minneapolis and St. Paul, and in the general direction of Faribault. The facility should not be more than a ten or fifteen minute drive from the Veterans Hospital, and not over a forty-five minute drive from Faribault. Combined with this facility would be four geriatrics buildings—two for Ramsey county, and two for Hennepin county. Each building would accommodate 150 elderly people and would be adjudged psychotic. These five buildings should operate with common hospital

facilities and a common power plant. The geriatric buildings could use the hospital facilities. In order to handle the School for the Mentally Retarded, we could obtain a residency program affiliation with the University and Veterans Hospitals. The neuropsychiatric and other medical problems that would be encountered would then be more easily handled. It is important to interest doctors who are nearing retirement age to work in these geriatrics buildings, especially those who live way out in south Minneapolis or Saint Paul. We would incorporate with this geriatrics program an over-all training course for geriatrics personnel. By having a common power plant, I believe it would be fare more economical.

D—The need of a change philosophy in regard to the mentally retarded person with special emphasis on public education, research, and training. The importance of Pediatric training, Neurological training, and Psychiatric training for doctors and other personnel cannot be over-emphasized. This is written up in detail elsewhere. The same is true for the immense need for research in Genetics, (*illegible*) Chemistry, Sociology, Anthropology, and all other fields of Scientific endeavor. Our research program is written up in detail elsewhere. The need for public education is imperative and should be incorporated as much as possible with outpatient and follow up facilities. In addition to your specific questions, we will arrange to have psychiatrists use as many cases as your social workers set up, but there should not be more than 6 per day per psychiatrist. A trained pediatrician will also be made available for at least one day a week for this clinic.

I am in agreement with you that all social agencies, counties, and others be notified by your office in regard to procedures indicated. All psychiatrists that work in this clinic will be carefully indoctrinated by Dr. Engberg, yourself, and someone else of your office. Every attempt will be made to accommodate the relatives and patients so that they will not have to travel long distances to get to your clinic. We appreciate your complete cooperation thus far, and certainly will try to do everything we can in the future to help.

Sincerely yours,

Ralph Rossen, M.D.  
Commissioner of Mental Health

RR:hgr  
cc: Gov. Youngdahl  
Mr. Jackson  
Dr. Engberg

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